

**DEAN'S RESOLUTION**

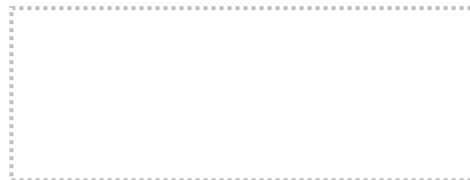
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(Signature)

**TO THE DEAN OF THE FACULTY OF  
MEDICINE  
AT MEDICAL UNIVERSITY – VARNA**

**REQUEST FORM**

- ✓ *Please write legibly!*
- ✓ *Circle the selected item;*
- ✓ *State your request clearly and concisely;*
- ✓ *Get an incoming number from room 102 (on the left of the main entrance) or via the platform "webstudent"*



Name ....., Faculty № .....  
Specialty ....., group ....., year of study .....  
Address for correspondence: .....  
Phone number/mobile: ....., e-mail: .....

**DEAR DEAN,**

**I kindly request permission to conduct my state internship/s in an accredited teaching /university/ hospital/clinic in another country:**

1. Internal Diseases – 85 days from ..... to .....  
at .....  
(please write the full name of the hospital/clinic)
2. Surgery – 75 days from ..... to .....  
at .....  
(please write the full name of the hospital/clinic)
3. Paediatrics – 51 days from ..... to .....  
at .....  
(please write the full name of the hospital/clinic)
4. Obstetrics and Gynaecology – 50 days from ..... to .....  
at .....  
(please write the full name of the hospital/clinic)

**I declare that:**

1. I have been notified that Medical University of Varna has provided me with the opportunity to carry out practical training (pre-diploma internship) in accordance with the curriculum of the specialty of Medicine at an accredited medical establishment in Varna, the fee for which is included in the annual training fee for 6th year of study.

2. I refuse to carry out the training at the designated for me medical establishment under item 1. I am going to carry out the practical training /pre-diploma internship/ at hospital/s .....  
....., entirely at my own expense, which is not included in the annual training fee, and on my own responsibility. I am aware that after its completion, the practical training carried out by me will be recognized by Medical University – Varna provided that it meets the University criteria and requirements, which I have been acquainted with beforehand.

3. I am aware that Medical University – Varna does not pay any insurance, guarantees and other expenses, and that it has no responsibility for the training that I will carry out in the hospital/s .....  
and I agree to this term.

4. I am informed that I can sit the state exams of the respective internships after their recognition by the Medical University of Varna and in accordance with schedule for state exams preliminary approved by the Dean.

**I enclose the following documents:**

1. Declaration/statement of the university hospital .....
2. ....

Varna, .....  
(date)

Respectfully yours: .....  
(Signature)